

## REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone # \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone# \_\_\_\_\_

Allergies: \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_

If so, please list: \_\_\_\_\_

Please list any physical limitations that might impact participation:

Program: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Date: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Please indicate method of payment.

\_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card (VISA/Mastercard)

Account# \_\_\_\_\_

Expiration: \_\_\_\_\_

I hereby authorize the City of Wilmington to apply \$\_\_\_\_\_ to the account listed above.

**MAIL OR FAX REGISTRATION FORM TO:**

**City of Wilmington**

**302 Willard Street**

**Wilmington, NC 28401**

**910-341-7854 FAX**

**QUESTIONS? Please call 343-3614**